

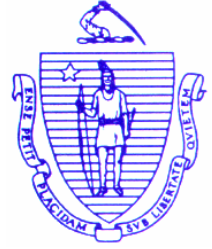


Paul J. Diodati
Director

Commonwealth of Massachusetts

Division of Marine Fisheries

Clean Vessel Act Program
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Massachusetts Clean Vessel Act Pumpout Grant Program

Name

Address

City

Zip Code

Telephone

Fax

Email

Contact Person

Title

1. NAME OF WATER BODY TO BE SERVICED: _____

Number of slips in area _____

Number of moorings in area _____

Estimated # of transient boaters during season _____

Existing pumpout facilities _____

Approx. ratio of power/sailing vessels _____

Ratio of commercial/recreational vessels _____

Approx. # of recreational boats w/holding tanks _____

Approx. # of boats with portapotties _____

Note: Include copy of nautical chart with locations of proposed and existing pumpout facilities clearly marked.

An Agency of the Department of Fish and Game
Mary B. Griffin, Commissioner

2. DESCRIBE RECREATIONAL AND/OR SAILING ACTIVITIES IN THE AREA:

3. PUMPOUT EQUIPMENT REQUESTED:

☐ pumpout boat ☐ shoreside pump ☐ dump station

(Check appropriate box)

4. ESTIMATED TOTAL PROJECT COST (INCLUDING IN-KIND LABOR AND MATERIALS):

\$ _____

5. DESCRIBE HOW WASTE WILL BE HANDLED BETWEEN BOAT AND EVENTUAL DISPOSAL IN LICENSED SEWAGE TREATMENT FACILITY:
